



Received & Inspected

JUN 26 2017

FCC Mail Room

REDACTED – FOR PUBLIC INSPECTION

June 20, 2017

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

DOCKET FILE COPY ORIGINAL

Re: WC Docket No. 14-58
2017 ETC Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422
2017 ETC Annual Report of New Hope Telephone Cooperative, Study Area Code 190239

Dear Secretary,

On behalf of New Hope Telephone Cooperative, we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. New Hope Telephone Cooperative, seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1) and Section 54.313(f)(2) of the Commission's regulations¹. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Leah Richter
Senior Financial Analyst
Phone: (605) 995-1793
Fax: (605) 995-1778
Leah.Richter@Vantagepnt.com

No. of Copies rec'd 0+1
List ABCDE

Enclosure(s)

cc: Timothy M. Harris, Executive Vice President/General Manager, New Hope Telephone Cooperative
Charles Tyler, Telecommunications Access Policy Division

¹ *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, 27 FCC Rcd 14231 (Wireline Comp. Bur. 2012) (Protective Order).

VANTAGEPNT.COM 605-995-1777
2211 N Minnesota Street Mitchell SD 57301



<010>	Study Area Code	190239	
<015>	Study Area Name	NEW HOPE TEL COOP	
<020>	Program Year	2018	Received & Inspected
<030>	Contact Name: Person USAC should contact with questions about this data	Leah Richter	JUN 26 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6059951793 ext.	FCC Mail Room
<039>	Contact Email Address: Email of the person identified in data line <030>	Leah.Richter@vantagepnt.com	
	Form Type	54.313 and 54.422	

[illegible]

<div> <div> (500) Unfulfilled Service Request Data Collection Form </div> <div> FAC Form 485 OMB Control No. 1050-0188/OMB Control No. 3050-0819 JULY 2013 </div> </div>	
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<300>	Unfulfilled service request (voice)	0
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<310>	Detail on attempts (voice)	Name of Attached Document
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<320>	Unfulfilled service request (broadband)	0
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<330>	Detail on attempts (broadband)	Name of Attached Document
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepot.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

Study Area Information		USAC
Study Area Code		Study Area Name
<010>	Study Area Code	190239
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagept.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	190239va510.pdf
<515>	Certify compliance with applicable minimum service standards	Yes

Emergency Situations State Collection Form	REDACTED FOR PUBLIC INSPECTION	FCC Form 483 OMB Control No. 3045-0048/OMB Control No. 3045-0017 July 2003
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagept.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	190239va610.pdf

**(1700) Price Offerings Including Voice Rate Data
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0585/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190239
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<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

[illegible]

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[illegible]

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<900> Does the filing entity offer tribal land services? (Y/N) No

Tribal Land(s) on which ETC Serves

Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

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<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance	190239va1010.pdf	Name of Attached Document
<1020>	Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau	
<1030>	Attach detailed description for broadband comparability compliance	190239va1030.pdf	Name of Attached Document



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<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).



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190239va1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

<https://www.newhopetel.net/PublicDocs/NHTC-Lifeline-Form.pdf>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:



<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.	[REDACTED]	
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	[REDACTED]	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.	[REDACTED]	
<2024A>	Round 2 Recipient of Incremental Support?	[REDACTED]	Name of Attached Document Listing Required Information [REDACTED]
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	[REDACTED]	
<2025A>	Round 2 Recipient of Incremental Support?	[REDACTED]	Name of Attached Document Listing Required Information [REDACTED]
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	[REDACTED]	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	[REDACTED]	

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

Name of Attached Document Listing
Required Information



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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

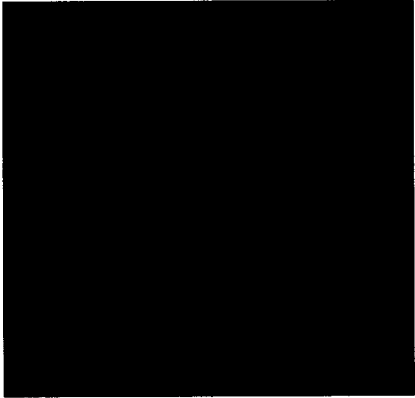
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		Yes - Attach Certification
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		190239va3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input checked="" type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	190239va3026.pdf

REDACTED FOR PUBLIC INSPECTION

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagant.com

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends





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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information



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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: NEW HOPE TEL COOP	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/20/2017
Printed name of Authorized Officer: Timothy Harris	
Title or position of Authorized Officer: Executive Vice President/General Manager	
Telephone number of Authorized Officer: 5403634182 ext.	
Study Area Code of Reporting Carrier: 190239	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: 06/19/2017
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

[illegible]

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[illegible]

CERTIFICATION OF NEW HOPE TELEPHONE COOPERATIVE

Reporting Period January 1 – December 31, 2016

Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations.

As a Cooperative, and in accordance with Virginia Annotated Code (VAC), 20 VAC 5-485, Telephone Cooperative Act, Carrier is not governed by the rules of the VAC for service quality standards and consumer protection rules. However, Carrier in the interest of protecting its own customers has incorporated consumer protection procedures comparable to those require of ILEC's in the State of Virginia, allowing Carrier to meet or exceed existing VAC rules. These procedures include, but are not limited to, the following: (1) publishing the rates, terms and conditions of service; (2) truth-in-billing requirements; and (3) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customer's privacy.

I verify that the foregoing is true and correct. Executed on June 12, 2017.

/s/ Timothy M. Harris

Timothy M. Harris, Executive Vice President/General Manager

New Hope Telephone Cooperative

SAC: 190239

CERTIFICATION OF NEW HOPE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2016****Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier's network is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

As a Cooperative, and in accordance with Virginia Annotated Code (VAC), 20 VAC 5-485, Telephone Cooperatives Act, Carrier is not governed by VAC rules regarding Emergency Operations. However, in compliance with the Federal emergency situations rules Carrier's central offices have adequate provision for emergency operations. Specifically, Carrier's Central Office has a permanently mounted, diesel powered backup generator with automatic switching in place for times of commercial power outages. The Central Office is also equipped with battery backup power that will last twenty hours before needing to be recharged.

All small remote circuit equipment locations have battery backup power that lasts eight hours before needing to be recharged. Each location is also provisioned for connection to gasoline supplied portable generators. Several portable gasoline-powered generators are stored and maintained at the central office which is located within 30 minutes of all remote locations. Carrier's switch is equipped with the Line Load Control feature. It is administered manually. Line load control is used to temporarily limit originating service to non-essential lines during a disaster

or other emergency situation. There are three classes to Line Load Control: 1) Class A – Essential Lines, 2) Class B – Semi-essential Lines, and 3) Class C – Non-essential lines

I verify that the foregoing is true and correct. Executed on June 12, 2017.

/s/ Timothy M. Harris

Timothy M. Harris, Executive Vice President/General Manager

New Hope Telephone Cooperative

SAC: 190239

CERTIFICATION OF NEW HOPE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2016****47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$49.51. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 17-167, released February 14, 2017. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2017 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 12, 2017.

/s/ Timothy M. Harris

Timothy M. Harris, Executive Vice President/General Manager

New Hope Telephone Cooperative

SAC: 190239

CERTIFICATION OF NEW HOPE TELEPHONE COOPERATIVE

Reporting Period January 1 – December 31, 2016

47 CFR 54.313(g) – Broadband Services Rate Comparability

Pursuant to 47 CFR 54.313(g) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's broadband services is no more than two standard deviations above the applicable national average urban rates for broadband service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The following table was published in the FCC's Public Notice, WC Docket No. 10-90, DA 17-167, released February, 2017. The table provides the 2017 benchmark for a number of different broadband service offerings.

Download Speed (Mbps)	Upload Speed (Mbps)	Usage Allowance (GB)	Benchmark
10	1	100	\$76.47
10	1	150	\$76.97
10	1	250	\$77.37
10	1	Unlimited	\$77.98
25	3	250	\$89.92
25	3	Unlimited	\$90.53
25	5	250	\$90.16
25	5	Unlimited	\$90.76

I verify that the foregoing is true and correct. Executed on June 12, 2017.

/s/ Timothy M. Harris

Timothy M. Harris, Executive Vice President/General Manager

New Hope Telephone Cooperative

SAC: 190239

Lifeline Service

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers (either landline or wireless).
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form on page two. You must indicate your service address (cannot be a P.O. Box) as well as your billing address (if not the same as your service address), the last four digits of your Social Security Number (SSN) and your date of birth.
3. You must provide photocopies of either the program or income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines.

You MUST send photocopies of any qualifying documentation. NOTE: WE WILL NOT RETURN ANY DOCUMENTATION. Acceptable program proof may include a benefit or award letter, benefit card, voucher, benefit check stub or lease agreement (applicable for FPHA proof only). Documentation MUST include the name of the program, the beneficiary's name, address of the beneficiary, date of the award and in some cases, the amount of the award.

Program Eligibility

Eligible Programs	
Medicaid	Federal Public Housing Assistance/Section 8 (FPHA)
Food Stamps (Supplemental Nutrition Assistance Program (SNAP))	Veteran's Pension Benefits (VA Pension)
Federal Supplemental Security Income (SSI)	Survivor Pension Benefits (Veterans's Death Pension)

Income Eligibility

Including yourself, your household has:	Your household income is at or below:
1 person	\$ 16,038.00
2 people	\$ 21,627.00
3 people	\$ 27,216.00
4 people	\$ 32,805.00
5 people	\$ 38,394.00
6 people	\$ 43,983.00
7 people	\$ 49,585.50
8 people	\$ 55,201.50
For families/households with more than 8 persons, add \$4,160 for each additional person	

Documentation needed to qualify for Lifeline through income is noted on next page. Income must be provided for entire household.

Charges and Credit

Customers eligible for Lifeline assistance receive a credit of \$10.38 on their monthly bill. You are still responsible for charges on your line. See page 3 for an explanation of charges.

For Company use only:

Date Verified: _____ Initials: _____ Qualifiers Name: _____
 Type of document for program eligibility: _____
 Type of document for income eligibility: _____ Total Gross Income: _____

When completed, mail or fax form to:
New Hope Telephone Cooperative
P.O. Box 66
New Hope, VA 24469
Fax: (540)363-8277

Applicants Name _____

Street Address _____ Temporary (Required) Yes ☐ No ☐

City _____ State _____ Zip Code _____

Billing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Applicants SSN (last 4 digits) _____ Date of Birth _____

Please choose 1 OR 2

1. I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. Acceptable program proof may include a benefit or award letter, benefit card, voucher, benefit check stub or lease agreement (applicable for FPHA proof only).

NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

- | | |
|---|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Federal Public Housing Assistance (FPHA) |
| <input type="checkbox"/> Food Stamps (Supplemental Nutrition Assistance Program – SNAP) | <input type="checkbox"/> Federal Supplemental Security Income (SSI) |

2. I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household (**required**): _____.

I am providing a photocopy of the following qualifying documents to demonstrate income for my entire household:

- | | |
|--|---|
| <input type="checkbox"/> Prior year's state or federal tax return | <input type="checkbox"/> Retirement / pension statement of benefits |
| <input type="checkbox"/> Current income statement from an employer | <input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits |
| <input type="checkbox"/> Paycheck stubs for most recent 3 months | <input type="checkbox"/> Federal notice letter of participation in General Assistance |
| <input type="checkbox"/> Social Security statement of benefits | <input type="checkbox"/> Veterans Administration Statement of Benefits |
| <input type="checkbox"/> Child Support document | <input type="checkbox"/> Other official document containing income information |
| <input type="checkbox"/> Divorce decree | |

I certify, under penalty of perjury, that:

- I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
- I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
- If I move to a new address, I will provide that new address to New Hope Telephone Cooperative within 30 days.
- If my address listed above is a temporary address, I understand that I must verify my temporary address with New Hope Telephone Cooperative every 90 days. If I fail to respond to New Hope Telephone Cooperative's address verification attempts within 30 days, my Lifeline benefits may be terminated.
- My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
- The information contained in this certification form is true and correct to the best of my knowledge.
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

I hereby authorize New Hope Telephone Cooperative to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

Applicants Signature _____ Date _____

Monthly Charges

The following tables show charges you are responsible for paying on your monthly bill.

Local Service

Description	Charge
Private Residence ^{SX-FX}	\$22.75
Interstate Access Charge ^{SX-FX}	\$6.50
E-911 Tax	\$0.75
Public Rights-Of-Way Fee	\$1.11
State Tax	5% of monthly taxable items
Federal Tax	3% of monthly taxable items
^{SX} = State Taxable	
^{FX} = Federal Taxable	

Calling Plans (To Waynesboro Exchanges)

Description	Monthly Recurring Charge	Per Minute Charge
Economy Plan ^{SX-FX}	None	\$0.10
Value Plan ^{SX-FX}	\$2.30	\$0.05
Premium Plan ^{SX-FX}	\$14.80	None

Regional Toll (New Hope Telephone Cooperative as INTRA-Lata Carrier) ^{SX-FX}

Based on mileage from New Hope Telephone Cooperative central office, time of day and day of week.

Miles	Initial Minute			Additional Minutes		
	Period 1	Period 2	Period 3	Period 1	Period 2	Period 3
8	\$ 0.21	\$ 0.13	\$ 0.08	\$ 0.12	\$ 0.07	\$ 0.05
13	0.25	0.15	0.10	0.14	0.08	0.06
18	0.30	0.18	0.12	0.19	0.11	0.08
23	0.34	0.20	0.14	0.20	0.12	0.08
38	0.37	0.22	0.15	0.22	0.13	0.09
48	0.46	0.28	0.18	0.29	0.17	0.12
58	0.48	0.29	0.19	0.31	0.19	0.12
78	0.50	0.30	0.20	0.32	0.19	0.13
118	0.51	0.31	0.20	0.33	0.20	0.13
194	0.52	0.31	0.21	0.37	0.22	0.15
9999	0.54	0.32	0.22	0.39	0.23	0.16

Time Schedule

Period 1	7:00:00 AM – 6:59:59 PM, Monday through Friday
Period 2	7:00:00 PM – 6:59:59 AM, Monday through Friday
Period 3	7:00:00 AM – 7:00:00 AM, Saturday, Sunday and Holidays
Holidays: New Years Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.	

INTER-Lata Toll ^{SX-FX}

You will need to consult with your INTER-Lata toll provider for their charges.

^{SX} = State Taxable, ^{FX} = Federal Taxable

Lifeline Program

REDACTED-FOR PUBLIC INSPECTION

Attachment 1210



The Lifeline Program reduces the monthly bill for Local Telephone Service or Broadband Service for low income customers.

Under FCC Guidelines, if you participate in Medicaid, Food Stamps (Supplemental Nutrition Assistance Program), Federal Supplemental Security Income (SSI), Federal Public Housing Assistance/ Section 8 (FPHA), Veteran's Pension Benefits, or Survivor Pension Benefits programs you will qualify for the Lifeline Program. Additional eligibility requirements may apply to residents of federally recognized tribal lands.

To learn more about these programs contact your SSA Representative, your Social Services Case Worker or your local telephone or broadband provider.

CERTIFICATION OF NEW HOPE TELEPHONE COOPERATIVE**Reporting Period January 1 – December 31, 2016****Sec. 54.313(f)(1)(i) Milestone Certification**

Pursuant to § 54.313 f)(1)(i) for Rate-of-Return Carriers, Carrier hereby certifies it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

I verify that the foregoing is true and correct. Executed on June 12, 2017.

/s/ Timothy M. Harris

Timothy M. Harris, Executive Vice President/General Manager

New Hope Telephone Cooperative

SAC: 190239

REDACTED - FOR PUBLIC INSPECTION

NEW HOPE TELEPHONE COOPERATIVE (SAC 190239)

ATTACHMENT LINE 3026

**Financial Reports
Pursuant to 47 C.F.R § 54.313(f)(2)**

ATTACHMENT REDACTED IN ENTIRETY